

DRAFT



L.A. Care
HEALTH PLAN®

AGENDA

Children's Health Consultant Advisory Committee (CHCAC) Meeting

Tuesday, May 20, 2025, 8:30 A.M.

1055 West 7th Street, Conference Room 100, 1st Floor

Los Angeles, CA 90017

Members of the Committee, staff and the public can attend the meeting in person at the address listed above and remotely using the WebEx information below. Public comment can be made in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:

[https://lacare.webex.com/weblink/register/r7e8488e0e1835c9586d1617649808d9d\](https://lacare.webex.com/weblink/register/r7e8488e0e1835c9586d1617649808d9d)

To listen to the meeting via teleconference please dial: +1-213-306-3065

Meeting Number: **248 020 65044** Password: **lacare**

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the agenda.

The process for public comment is evolving and may change at future meetings.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by calling 213-428-5500 or by email to BoardServices@lacare.org.

Teleconference Site

Maria Chandler, MD

16603 Pacific Coast Highway
Sunset Beach, CA 90742

Smita Malhotra, MD

333 S. Beaudry Ave, Los
Angeles, CA 90017

Lina Shah, MD

20427 Aurora Way, Porter
Ranch, CA 91326

WELCOME

1. Approve today's meeting Agenda
2. Public Comment
3. Approve the January 21, 2025, Meeting Minutes
4. Chairperson's Report
5. Chief Health Equity Officer Update
6. Introduction: L.A. Care's Chief Executive Officer

Tara Ficek, MPH
Chairperson

Chairperson

Chairperson

Chairperson

Chairperson

Alex Li, MD
Chief Health Equity Officer

Martha Santana-Chin
Chief Executive Officer

7. Foster Youth Collaboration and Discussion

Ed Liao, MD
Medical Director
Clinical Resources & Services
Minsun Meeker
Assistant Executive Director
Office of Child Protection
Noah Kaplan Ng, LCSW
Director, Enhanced Care Management

ADJOURNMENT

**The Children's Health Consultants Advisory Committee (CHCAC) Meeting
is scheduled on Tuesday, August 19, 2025 at 8:30 a.m.**

The order of items appearing on the agenda may change during the meeting.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC
COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE

AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.
AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72
HOURS BEFORE THE MEETING:

1. At L.A. CARE'S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>
2. L.A. Care's Reception Area, Lobby, at 1055 W. 7th Street, Los Angeles, CA 90017, or
3. by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Committee Members regarding any agenda item for
an open session after the agenda and meeting materials have been posted will be available for public
inspection by email request to BoardServices@lacare.org

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

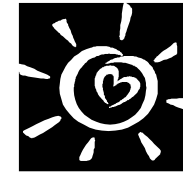
Meetings are accessible to people with disabilities. Individuals who may require any
accommodations (alternative formats – i.e., large print, audio, translation of meeting materials,
interpretation, etc.) to participate in this meeting and wish to request an alternative format for the
agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at
(213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable
arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Children's Health Consultant Advisory Committee

Retreat Minutes – March 18, 2025

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, Chair
Sameer Amin, MD
Maria Chandler, MD, MBA
Rebecca Dudovitz, MD, MS
Toni Frederick, PhD*
Gwendolyn Ross Jordan
Lynda Knox, PhD*
Alex Li, MD
Smita Malhotra, MD
Mona Patel, MD

Hilda Perez
Maryjane Puffer, BSN, MPH
Diana Ramos, MD*
Ankit Shah, MD
Lina Shah, MD*

Management

Augustavia J. Haydel, General Counsel
Cherie Compartore, Senior Director, Government Affairs

*Absent **Present, but not quorum

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Ficek called the meeting to order at 9:34 A.M.	
APPROVAL OF MEETING AGENDA	The Agenda for today's meeting was approved as submitted.	Approved Unanimously. 11 AYES (Amin, Chandler, Dudovitz, Ficek, Jordan, Li, Malhotra, Patel, Perez, Puffer, and Shah)
PUBLIC COMMENT	<i>No public comment was submitted.</i>	
APPROVAL OF THE MEETING MINUTES	The January 21, 2025, meeting minutes were approved as submitted.	Approved Unanimously. 11 AYES

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	<p>Chairperson Ficek stated that due to the full agenda, she would refrain from making any extensive remarks and instead wanted to allow more time for the scheduled presenters and discussions. However, she offered two key prompts for attendees to consider during the meeting. First, she encouraged everyone to reflect on which populations of children and youth might be most adversely affected by recent federal policy shifts and state budget cuts, particularly those who are especially vulnerable. Second, she urged participants to think about how their respective organizations and systems, which are individually powerful, could collaborate and leverage one another's strengths to help mitigate the negative impacts of these changes. She said that keeping these considerations in mind throughout the presentations and discussions to follow.</p>	
INTRODUCTION: L.A. CARE'S CHIEF EXECUTIVE OFFICER Threats to Medi-Cal	<p>Dr. Li stated that Martha Satana-Chin, <i>Chief Executive Officer</i>, was unable to attend the meeting but is expected to participate in a future session. He explained that although she is only in her second month, she has already been managing numerous urgent and challenging issues—both literal and figurative "fires." Dr. Li noted that she has quickly recognized the unique role that the organization plays as the largest public plan for Medicaid. This prominent position brings many opportunities for engagement and advocacy, but it also requires careful decision-making about which issues to prioritize and act on. He then transitioned the conversation to Ms. Haydel, emphasizing her value not only for her institutional knowledge but also for her expertise in legal and governmental affairs. He said she would help guide the discussion, particularly regarding the structural and regulatory boundaries that must be considered as a public organization.</p> <p>Ms. Haydel stated that she would provide a brief overview based on Ms. Santana-Chin's recent remarks at the Board meeting, which outlined several anticipated challenges facing the Medicaid program. She began by highlighting concerns around potential reductions in federal funding, given that Medicaid is jointly financed by both state and federal dollars. One key proposal discussed was a reduction in the Federal Medical Assistance Percentage (FMAP), which currently stands at about 50% for core programs and up to 90% for the Managed Care Expansion (MCE) population—figures that could change under proposed federal adjustments. Another proposal would reduce the amount of federal funding states can allocate for adult beneficiaries in the MCE category, specifically those aged 18 to 65. A third potential change involves implementing work requirements for Medicaid recipients, which would require individuals to demonstrate employment or active job-seeking efforts. Ms. Haydel noted that such requirements could introduce administrative barriers that may ultimately hinder access to care. Lastly, she pointed to increased federal attention on fraud,</p>	

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	<p>waste, and abuse, including scrutiny of the MCO provider tax model—an initiative that L.A. Care previously championed through a statewide stakeholder consortium. She concluded by addressing L.A. Care’s role in advocacy, clarifying that while the organization, as a public entity, can educate stakeholders and the community on policy matters, it is prohibited from engaging in election-related advocacy. She emphasized that Martha Santana-Chin has mobilized her team, including the leadership of Noah Paley, <i>Chief of Staff</i>, and Ms. Compartore in Government Affairs, to respond swiftly and strategically to these pressing threats to the Medi-Cal program in California.</p> <p>Dr. Li stated that part of the broader discussion, as highlighted by Ms. Santana-Chin, involves recognizing the pressure points beyond Los Angeles County in the face of looming federal changes to Medicaid. He noted that while California, as a state, is expected to push back against these changes, it is important to identify where additional support and advocacy are most needed. He referenced coalitions such as Medicaid Health Plans of America and America’s Health Insurance Plans, as well as collaborations with other health plans throughout the state. Dr. Li noted the importance of supporting sister plans—especially those in regions like the Central Valley, that may have fewer resources for advocacy or consulting. He offered Kern County as a specific example, noting that about 60% of one of its congressional districts relies on Medi-Cal, with the population consisting largely of rural, agricultural, and migrant worker communities. While L.A. County may not be the most effective advocacy pressure point, Dr. Li suggested that these more vulnerable districts could become critical battlegrounds in the policy debate.</p> <p>Dr. Amin acknowledged the serious threats currently facing Medicaid and California’s CalAIM programs in particular, he expressed confidence in the state's ability to adapt through creativity and resilience. He emphasized that even if the structure or funding of certain programs changes, there are still pathways to continue serving members effectively, though these paths might require external funding or reprioritization of resources. He cited the CalAIM programs, including Enhanced Care Management (ECM) and Community Supports, as examples where continued efforts could be made through alternative funding sources like the Community Reinvestment Plan (as outlined by DHCS), even if waivers are not renewed. Dr. Amin also stressed the importance of shifting the dynamic between health plans and regulatory bodies, such as DHCS, CMS, DMHC, and Covered California—from one rooted solely in compliance to one grounded in collaboration. He illustrated this with a recent issue involving the CIS-10 vaccine schedule requirements under Covered California. With only a small number of children in their commercial line of business, the health plan was facing disproportionate sanctions, up to \$600,000 per child,</p>	

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	<p>for slight delays or parental refusals related to flu vaccinations. After bringing the concern to Covered California and emphasizing the impracticality and financial consequences of strict adherence in these cases, the agency responded constructively by relaxing the schedule requirements. This change is expected to reduce sanctions and allow more funding to remain within L.A. County's healthcare system. In closing, Dr. Amin reiterated his belief that despite impending federal changes, viable and meaningful paths forward exist. These include leveraging alternative funding models, prioritizing impactful programs, and fostering a more collaborative regulatory environment. His overall message was one of hope: that with the right focus and partnerships, continued support for vulnerable patients especially children, remains achievable.</p>	
FEDERAL LANDSCAPE: POLICY AND FUNDING SHIFTS	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, and Erika Witt, <i>Policy Analyst, First 5 LA</i>, gave a presentation about Federal Landscape: Policy and Funding Shifts (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Overview and Current Shifts Chair Compartore and Witt began by outlining major federal policy changes already underway or anticipated. Executive actions and federal budget reconciliation are expected to result in substantial spending cuts to Medicaid and other critical programs. Additionally, appropriations bills could significantly reduce funding for housing, education, and other discretionary programs.</p> <p>Federal Budget Proposals and Implications The Senate passed a resolution prioritizing spending on immigration, energy, and defense, while mandating \$1 billion in federal savings over ten years. The House budget included:</p> <ul style="list-style-type: none"> • \$4.5 trillion in tax cuts, • \$100 billion in new immigration and military spending, • \$880 billion in cuts to Medicaid, and • A \$4 trillion debt limit increase. <p>Threats to Programs Serving Children and Families The proposals could severely impact:</p> <ul style="list-style-type: none"> • The Department of Education, especially IDEA programs, • SNAP (CalFresh), with proposed cuts and elimination of Broad-Based Categorical Eligibility, reducing access to WIC, • TANF (CalWORKs), including home visiting programs and possible new work requirements. 	

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	<p>Medicaid Reductions and Structural Changes</p> <p>The most significant threat is the proposed \$880 billion cut to Medicaid. Additional proposals include:</p> <ul style="list-style-type: none"> • Block Grants or Per Capita Caps, which would cap federal contributions and shift financial risk to states, • FMAP reductions, possibly lowering the minimum federal match from 50% to 45%, forcing states to cover the gap or cut services, • Work Requirements for able-bodied adults (ages 19–55), which studies show often reduce benefits without increasing employment. <p>Specific Impacts on California and Medi-Cal</p> <ul style="list-style-type: none"> • In 2022, children and caregivers made up nearly 40% of Medi-Cal enrollees. • About 50% of California’s children—mostly children of color—rely on Medi-Cal. • Medi-Cal covers 39% of all births in the state. <p>California’s financial outlook is further strained by:</p> <ul style="list-style-type: none"> • A \$20 billion+ projected deficit in future years, • A \$9.5 billion expansion of Medi-Cal to undocumented residents (entirely state funded), • Potential losses from MCO tax limitations, • Wildfire costs and reduced federal aid, • Enrollment drop-offs that could mislead budget adjustments. <p>Waiver Concerns and Future Uncertainty</p> <p>Existing federal waivers (like CalAIM’s Section 1115 and 1915(b)) could be at risk. While CMS must renew these in 2026, the policy environment may shift, potentially undermining ongoing state efforts.</p> <p>Conclusion and Discussion</p> <p>The presentation ended with questions prompting attendees to consider:</p> <ul style="list-style-type: none"> • Which children and youth are most vulnerable under these changes, • Opportunities for advocacy and partnership, • The need for coordinated response across systems. 	
LOCAL CONTEXT: IMMUNIZATIONS	<p>Muntu Davis, MD, MPH, <i>County Health Officer, L.A. County Department of Public Health</i>, gave a report about Immunizations at the Local Level.</p> <p>Dr. Davis reported that although each organization is doing its best with available resources, the bigger challenge lies in aligning on a shared vision for where the healthcare system needs to go. He emphasized that most disagreements stem from differing</p>	

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	<p>strategies, not intentions. Drawing on lessons from the pandemic, he pointed out how health delivery systems had to rapidly evolve—especially with vaccination logistics, centralization of data, and handling misinformation. While some improvements have been made since, new challenges such as policy shifts and public hesitancy have emerged. Dr. Davis highlighted the need for continued investment in both public systems and community partners. He stressed that messaging must acknowledge people's lived realities and be culturally and linguistically tailored to regain trust and promote vaccination. He noted that many providers still resist offering certain vaccines, and despite efforts, some patients remain hesitant. Therefore, communication strategies must evolve to reflect community needs and perspectives. He urged stakeholders to recognize that no single organization can fix systemic issues alone. Instead, public health departments should act as conveners and analysts, identifying root causes through data and engaging diverse partners—including community-based organizations and businesses. The goal, he stated, is to improve overall well-being, not just metrics. Dr. Davis closed by reaffirming the department's commitment to reducing health gaps, acknowledging group-specific strategies, and staying flexible and collaborative in an ever-changing environment. Dr. Davis reported that coordinating health initiatives across different organizations remains a significant challenge. He noted that the COVID-19 pandemic disrupted vaccine delivery timelines and left ongoing gaps in community coverage, especially as public hesitancy persists. He stressed that communication must be culturally tailored and delivered by trusted messengers to effectively engage diverse communities. Dr. Davis emphasized the need for cross-sector collaboration – partnering with schools, social services and community groups – to extend outreach and services. He highlighted that public health departments play a key role in gathering and analyzing data to identify where health needs and vaccine gaps remain largest. Using that information, health officials can foster strategic partnerships and direct targeted investments in high-need communities. Throughout, Dr. Davis remained optimistic but realistic, advocating a systems-thinking approach: by working together across agencies and continuously adapting strategies (for example, trying new vaccination and access models), the community's health and well-being can steadily improve.</p>	
CLOSING STATEMENTS	<i>This agenda item was not discussed due to time.</i>	

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ADJOURNMENT	The meeting was adjourned at 11:25 AM.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____